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## AMENDMENT TRANSMITTAL LETTER

Docket No.  
M4065.0388/P388-B

Application No.  
10/775,231-Conf. #1009

Filing Date  
February 11, 2004

Examiner  
D. Lam

Art Unit  
2818

Applicant(s): Scot M. Graham et al.

Invention: BALANCED SENSE AMP CONTROL FOR OPEN DIGIT LINE ARCHITECTURE MEMORY DEVICES

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =		x	0.00
Independent Claims	4	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Terminal Disclaimer					\$110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					\$110.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

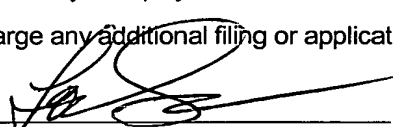
☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Thomas J. D'Amico  
Attorney Reg. No.: 28,371

Dated: July 1, 2004

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PTO/SB/17 (10-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	10/775,231-Conf. #1009	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 11, 2004	
		First Named Inventor	Scot M. Graham	
		Examiner Name	D. Lam	
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No.	M4065.0388/P388-B
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 770 2001 385				
1002 340 2002 170				
1003 530 2003 265				
1004 770 2004 385				
1005 160 2005 80				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 11 -20** =				
Independent Claims 4 -4** =				
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9				
1201 86 2201 43				
1203 290 2203 145				
1204 86 2204 43				
1205 18 2205 9				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371		
Signature		Telephone (202) 828-2232		
		Date July 1, 2004		